

## Hampton Roads Regional Jail

### Board Meeting 12/20/17

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#### Members & Alternates Attendance

- Robert Geis (CH) Alternate
- Jim O'Sullivan (CH)
- Chris Snead (HA) Chair
- B.J. Roberts (HSO)
- Col. Karen E. Bowden (HSO) Alternate
- Brian DeProfio (HA) Alternate
- Robert C. Ike Jr. (CH)
- Eileen Sprinkle (NN) Alternate
- Martin A. Thomas , Jr. (N) Vice Chair
- Alan Archer (NN) Alternate
- Nathan J. Clark (PO)
- Alice Kelly (PO) Alternate
- Lt. Colonel William Rucker (PO) Alternate
- Joseph Baron (NSO)
- Lt. Colonel Michael O'Toole (NSO) Alternate
- Michael Goldsmith (N) Alternate

A quorum was present.

#### Others Recorded Attending

Asst. Superintendent Linda Bryant; Major Felicia Cowan; Captain Thurman Barnes; Deborah Hand; April Green; Dr. Moreno

#### Call to Order

- Chairwoman Snead (CW Snead) called the regular meeting of the Hampton Roads Regional Jail Authority to order at the Hampton Roads Regional Jail, 2690 Elmhurst Lane Portsmouth, Virginia 23701, on the 20th day of December at 1:30 pm in the large training room.

## **Approval of Minutes**

Chairwoman Snead allowed time for the Members to review the minutes.

Chairwoman Snead asked for a motion for the Board to approve the minutes of October 18th, 2017. Alan Archer moved to approve the minutes. Sheriff Roberts seconded. The Motion Carried.

## **Appointment of Nominating Committee**

- Chairwoman Snead appointed Alan Archer, Brian DeProfio, and Robert C. Ike Jr. to Nominating Committee
- CW Snead - How many do I need?
- Alan Archer - Historically, we had 1 rep from each member jurisdiction serve on the nominating committee. There is no precise pecking order as to who those members are. Traditionally they have been volunteered to serve as representatives of the city manager. However, all nominations are welcomed.
- CW Snead – Is there a need for every jurisdiction to be represented?
- Archer – Once upon a time, there was no order of rotation, and it became very important for us to have a larger conversation about keeping a balance of representation. But we've taken to revisit the bylaws to provide an order of succession. The biggest discussion point by the member jurisdiction both for Chair and Vice Chair is who that person will be. Among its leadership.
- CW Snead – Do we serve one year terms?
- Archer – One year terms
- CW Snead – Robert Geis (Ches.) is next. Or a representative
- CW Snead – Nominating committee get with Chesapeake to determine who the representative would be. Who is the next Vice Chair in line?
- Archer – Order of rotation has Hampton as chair, and Norfolk as Vice Chair. What's missing from this list is the addition of Chesapeake so it is not reflected in the current bylaws (there is a different, more current copy). Archer would need to check the new bylaws.
- CW Snead –Is there a need for each jurisdiction to be on the nominating committee? Is there
- Vice Chair Thomas – Bylaws do state that there needs to be representation from each jurisdiction
- CW Snead – Maybe we need to look at the bylaws and change those so that the nominating committee is only 3 people. Alan is the chair. Get with each jurisdiction to determine who is going to be on the committee.

## **Review of Operations and Activities**

### **Security, Capt. Barnes**

- Operating with 4 security teams. Should be staffed at 40 per team. Averaging 32 per team. Rely heavily on OT to supplement those missing positions. The jail will be 20 years old next year, and a lot of officers who are eligible for retirement are taking advantage of that opportunity. We're behind the 8 ball with staffing. Either we have officers come in late to help with staffing or we have them come in early to help support the security teams for the mandatory posts.
- Transportation is the same way. With the medical appointments that we have there is an increase in our transportation side as well. There are 20 officers who are assigned to transport - they work in teams of 2, that serve 5 jurisdictions M-F.

Dropping off courts, picking up courts, medical appointments, not to mention DOC runs. So whenever we get inmates here and they have medical appointments we have to supplement those medical appointments.

- With the staffing issue on the security side, I want to mention 2 incidents. 1 incident that happened 2 ½ weeks ago where we had an inmate assault another inmate. This assault happened for about 25 – 30 minutes inside of a cell. The officer was not aware of the assault because he was on the floor with the nurse. He did not have a 2<sup>nd</sup> officer there. We had to send this inmate out to the hospital – Norfolk Sentara – 911, because of the assault. The officer didn't do anything wrong, he was just performing his duties. Just did not have the extra set of eyes to notice that the assault was happening.
- We also had an unfortunate death by hanging in the facility earlier this month. We reviewed the incident, tried to look at what the officer was doing at the time. Same thing, the officer was assisting the nurse at the time of the incident. There was no second set of eyes on the floor. Indicative of the staffing issues that we are having. For the most part, the OT officers that we use to help supplement the teams, with an average of 2 -3 hospital watches per shift, those officers who are coming in, normally they are dispatched to the hospital. So we might still be experiencing staffing shortages inside the facility. Man posts that we have inmates in – we are trying to get these posts manned.
- Sheriff Jim O'Sullivan - Capt. I appreciate the job you're doing. I know it's a major operation. I know you have a lot going on. But when I look throughout my jail, we do focus on posts. Posts meaning how many people we need on that shift no matter what. And that post should always be manned. And we use rovers to take medical so we never leave that post. Have you looked into doing a rover system? Seems that medical comes around and pulls that person out to start doing meds for 30 minutes.
- Barnes – when the Watch Commander reports on duty, he has to assign rovers, in the facility to do things like medical. But unfortunately, some of the hospital runs that we have, those rovers are dispatched to hospitals. You can come on post, and you could have 3 – 4 rovers on post, but they could be assisting with transporting inmates from Point A to Point B or assisting with pill pass. Because when the officers are on the floor doing pill pass – we have some pods with 109 inmates, and he has not a clue what's going unless he is on the floor. The mandatory OT people, most of the watch commanders and make them rovers. But if he comes on post and he has 3 or 4 hospital watches, there goes the rovers.
- O'Sullivan – Is there a daily activity sheet where everyone is assigned throughout the facility?
- Barnes – yes. The teams are supposed to be staffed with 40 people. Monday – Friday 0800 – 1700. We've had to pull people off support roles.
- Vice Chair Thomas – I don't have any experience running jails, but I'm going to look at the Superintendent and say it's your fault. This has got to stop. You said earlier that the gentlemen who got beat up for half an hour, that it wasn't the officer's fault – it's your fault (referring to Superintendent). It's the jail's fault. You are not staffing the jail appropriately. I've been here for a little over a year now and we've been talking about staffing issues. You've got to get the guys in there. Take that OT you're paying them and hire some more employees. It's your job to try to fix this. You are not providing good service to the citizens.
- Supt. Myers – And we have tried to fix this. When I first got here, it was one of the key factors that I pointed out – that we were terribly understaffed. And to put into numbers, we have 40 people assigned to each security teams. When you take out 7

-8 or people. You have 30 something people that are on a team. You're down to 25 people once you take out sick, vacation, military. The problem with how the jail is actually staffed – we haven't had a true staffing analysis since 2007. No one followed up with the staffing analysis to increase the staff to the appropriate level. As far as I'm concerned, we need at least 40 officers. We've spent over \$834,000 in OT so far this year – we are hiring people. Just to maintain people in law enforcement is a task. We actually had to pull back on the staffing, because we are averaging over 134,000 OT per 28 day cycle. We cannot go on this way (with the numbers). We have to be fiscally responsible as well. We had to draw back. I agree with you 100% it is a safety hazard.

- Vice Chair Thomas – What is staff doing to change what they've been doing to hire more staff over the last 6 months?

### Human Resources, CJ Bruce

- 10 jail officers who are beginning the academy on Jan. 8<sup>th</sup>. 7 officers hired in November. 13 hired in Dec. 16 vacancies. In October, there were 7 separations. 5 that resigned due to personal issues and dissatisfaction and mandatory OT. 1 terminated, 1 retired. In November, 9 separations total. 6 resigned due to go into service, other employment, and 1 dissatisfaction with the job. 1 terminated, 2 retired. One of those was a Lieutenant. We did conduct an interview process to fill that new position, so that Lt. will be replaced. 3 PT employees that have come onboard, 3 that will be coming on at the beginning of the year. Hosted fall job fair, which brought in 72 people, 61 received an interview and 11 were denied. Did also attend community job fair. We attended one that was hosted by Councilwoman Sharon Scott, roughly 778 job seekers. Also will be attending Get Hired in Hampton in February. Constantly reaching out and calling people daily. Always taking applications.
- Vice Chair Thomas – What are you doing differently? Are we losing more than we are gaining? What is the net?
- CJ – The vacancies are currently decreasing as we have had the job fairs, but at one point and time the vacancies were higher.
- Thomas – What have you done differently in the last 6 months to get more people in here?
- Bruce – Daily calling people that reply to the job posts on Indeed (HR assistant and CJ). And those people are coming into the facility to fill out applications and turn in documentation.
- DeProfio – The job fairs are something new that we have implemented since (CJ) has been here.
- Myers – Also bringing on the retired people for part – time is something new that we have started as well. As well as the OT.
- CW Snead – Of all the people that apply, how many really end up being eligible to be a deputy?
- CJ – Challenges from the background investigation, and then the interview process, then the physical agility test and the written test, then the polygraph. With those challenges, that's when the numbers decrease. If 50 people apply, the hope is that you can take at least 20 from that 50.
- CW Snead – The ones that are hired have to go through the Academy first?
- CJ – Correct, job training here and then we have them in line to go to the Academy as soon as possible.
- CW Snead – But can they work in the jail if they have not finished the academy?
- CJ – Yes they can

Shows  
Myers  
started  
efforts  
to decrease  
hire of vacancies  
retired  
part-time

- Myers – Yes they can, however prior to them working in the jail they must go through pre – service training. And then they have in-service training.
- 12 week academy
- Sheriff Roberts – What is your allocated number of correctional officers?
- O'Sullivan – I'm a logistical person. To me, a post is something that is there for a reason, a post stays there. That post shouldn't go to medical. I would like to see the Operational Committee look at the posts in the jail. Because when we start doing mandatory OT, I don't want to get caught up like other regionals, with overtime. If you told my employees that you had OT 2 – 3 days per month, my employees would be ecstatic. OT is extremely hard to balance and fair with. OT is extremely crucial to facility, but you have to have the checks and balances.
- Linda Bryant – Sheriff O'Sullivan we can actually show a visual. It was some folks from Chesapeake who suggested we do this.
- Capt. Barnes explains the slide as the max security unit in the facility. Housing Unit 3, Max security Unit. This is a post; Where 1 officer is responsible for this particular post. He shows the control booth. There's a wall that divides the 2 sides.
- The challenge that we're having with staffing is, the unit can hold up to 102 inmates, but because of overcrowding and classification level, it houses up to 110 inmates. When the officer is on the other side, he relies on Unit Control to be his eyes and ears. But if they are distracted with other duties, he has no idea what is going on this side of the pod.
- LLB - Important to highlight there's only one person looking at the whole pod.
- Someone raised the question if it was designed to have 2 officers?
- LLB is not sure, but the staffing study does require that HRRJ has 2 officers. She shows slides, which illustrates that you can't see half of the pod when you are on the other side of the pod. 11 people assigned to various pods - The OT is also highlighted, brings one more officer in to 1 or 2 pods. To have at least a rover.
- O'Sullivan - A rover should be a post as well.
- Mr. Myers - A rover was not included in the staffing plan, but HRRJ is trying to build that in. Our staffing study, based on the comp board, it shows that we are drastically understaffed (84 officers), granted I don't think we will get that far. We did take what the min. staffing requirement should be. It does not take into account other positions like Master Control, Intake, etc.
- O'Sullivan - 1 post is 5 spots, which means 50 people are needed.
- BJ Roberts - Explain to me what happens in these 2 places (on the slideshow) how can you supervise these many people with 2 people or 1 person? That in itself is impossible to do with the kind of people you have here. 265 security positions, 16 that are out. I don't know how you can do this with 1 person or 2 people. So I think security has to come first. Before you are coming from the inside out. The comp board gives us 1:3, overcrowding is 1:5. We're going to have to change this. Or go to direct supervision.
- Baron - 21 total security posts?
- Barnes - Assault that happened, the inmates were inside the cell. The officer was with the nurse administering medication when the assault happened. That was during the time when we had folks coming in for overtime to help with pill pass. They would stay back past their 12 -13 hour shift. But in an attempt to cut back on some of the OT, we didn't allow the officers to stay back. A week or 2 after we told officers that we were cutting back on the OT, because of budget issues, that's when the assault happened. They would stay an hour or 2 past their shift to provide additional security and support.

- This pod can hold up to 110 inmates. It's tasking for the nursing staff as well. 80 of the inmates get meds, if we don't get another officer; it takes 45 mins to an hour to administer meds. We've tried different techniques. We lock the inmates in their cells just so we can make sure the inmates get their meds. We've had nursing staff here until 1:30 AM just to administer meds that time has been reduced.
- Baron - 21 posts, manpower is 34, 36, 35. 13 extra posts
- Barnes - Those who are out on military leave, annual leave, training, and then you throw in hospital watches or emergency TDOs, that number is only good on paper. But by the time roll calls comes around, the watch commander might have 25 people.
- Baron - On an average night you have 25 people, not 34.
- Barnes - As a chief of security and former watch commander, flu bug hits the teams as well. Additional staff shortages. The mandatory OT has caused officers to complain of fatigue and it causes call outs. They work Friday, Saturday and Sunday night, then have to come back Monday night (12 - 13 hr. shifts).
- O' Sullivan – Has operational committee met with senior staff, to be briefed on post and different things? Workshop together. Mandatory OT does not sit well with me. Better explained about posts. We are running many nights with 23 people in the facility. Good for operational committee to meet with senior staff.
- Mr. Myers – No, we have not met with the operational committee.
- CW Snead –Who is the Operations Staff?
- O'Sullivan – Undersheriff from each one of the Sheriff's offices.
- CW Snead – Asked if Karen (Col. Bowden) would get the Operations Committee together.
- Col. Bowden – Prior to the new administration, the SOP committee did meet, and we did generate a report. If there needs to be some clarification or some additional areas of concerns that we need to look at we can do that. But there is a foundation to start with.
- Martin Thomas – Questioned how often the SOP committee meets and when they last met.
- Col. Bowden – We've met twice. Quarterly meetings.

### **Maintenance, Capt. Ellis**

- 480 inmates seen by medical
- 385 transportation medical & mental health trips (medical appointments, TDOs)
- 230,568 meals served by the kitchen
- Maintenance has completed 1219 work orders, along with replacing coils in the HVAC system in HU3, draining boiler system, replacing control boxes that operate the emergency gates
- Transportation is always on the road with hospital watches, DOC runs, mental health transports, etc. So OT people have to cover transportation posts. Especially with medical appointments, because those have to be met.
- Baron – Asked if it is required to have 2 people for the hospital watches. Wanted to know what the other jurisdictions do. Is that an opportunity to bring some staff back to the jail?
- *Other jurisdictions use 1 staff member, however, for the ER, Maryview and Norfolk Sentara require there to be 2 officers.*

- Capt. Barnes – We use 2 officers until they are admitted (like the other jurisdictions, we go down to 1 once they are admitted). However, with the acuity of the inmate, depending on their violent nature or behavior, we keep 2 officers.

### Medical, April Green


- 2 deaths during the month of December. 1 was the death by suicide and that was on 12/1. We had a dialysis patient that sent out 911 and was admitted to the hospital and passed away 4 days later. We had submitted a letter of compassionate release and that night he passed away; the letter was going to the judge the next morning to obtain a furlough, referencing the nature of his condition.
- Major buckets that contribute to medical costs are staffing, offsite costs, and then pharmacy.
- YTD HRRJ had over 323 transferred to ER. 109 were transported via ambulance. Over 99 patients were admitted to hospital. 99 patients are being admitted, combined total of 453 hospital days for 99 inmates. Exorbitant cost for this site.
- In addition to that, the onsite specialty clinic (OBGYN, optometrist, nephrologist). We are sending patients offsite to specialty clinics for oncology, ortho, and all of those visits combine for the offsite costs. Also, the transportation, which the jail has to provide. So those are officers that are outside of the jail not providing security inside.
- Dr. Moreno is an astute clinician and surgeon who has been in correction for the last 5 years. Has been able to grab some of the “low-hanging fruit”. Slashed lab costs, slashed ultrasound costs, slashed X-ray costs, and been able to do some minor procedures onsite. He has been able to manage costs onsite to avoid an ER visit. Nurse practitioners being able to extract a very critically ill patient onsite before we send them out.
- Pharmacy cost is one of the biggest drivers. The HIV costs alone are averaging \$127,000 a month. \$1.5 million just to medicate the HIV patients.
- There are some patients that have chronic diseases that are not managed by easy and low cost meds. Currently have a cancer patient whose medication cost \$20,000 just for the month of November.
- Martin Thomas – Linda, are we still interacting with the judges?
- LLB – Yes, with the help of all the sheriff's offices.

### 2017 Highlights, Asst. Superintendent Linda Bryant

ON  
SITE  
VISITS

- DoJ noted that the line attorneys are done with their ~~report~~. It still isn't completely final because it has to go all the way up through the supervisory chain. We have been providing them updates throughout the year and they gave us one final opportunity to package our updates.
- Broad sweeping themes to reflect the changes over the year. What was sent is attached to the board packet (Addendum No. 1). The 2017 highlights are similar to what we provided to DoJ.
- With respect to the staffing issues and the burden on the localities to fund any increases, and of course the anticipated increase in medical costs for the next year (anywhere from 7 – 12 %). The board approved a formal staffing study back in April, and the State Compensation Board expedited the staffing study for the jail. Robin Desocio, the Executive Secretary suggested that we ask the legislature for a budget amendment so that the impact of the increase doesn't fall so heavily on the localities.
- Robin DeSocio drafted a budget amendment (located in packet) with the approval of the Finance Committee and their leadership, we went ahead and reached out to





some folks that we thought would be receptive. Delegate James, is patroning the bill, Senator Lucas also agreed.

- It makes sense to try to get the mayors behind this even though the city budgets have already been put together. We reached out to Mayor Alexander (Norfolk) very engaged in these issues, and he said that he would go ahead and make the calls and contact Senator Norment, Sen. Wagner, and other people on the House Appropriations Committee to lobby support. There are a number of delegates and senators.
- Drafted a letter for Mayor Alexander for him to cut and paste and send off. The suggestion was made (Finance Committee) that the same be done for each mayor.
- The budget amendment is based off of the state staffing study and the acuity of the jail population. The nature of the jail population here has changed.
  - *Brian DeProfio* – One of the recommendations that the FC had was for all the mayors to sign off on one letter. A way for us to put forward a powerful effort.
- Delegate James would drop the bill by Friday, January 12<sup>th</sup>, and then it would go in front of the House Appropriations Committee, and then get assigned to the Public Safety Subcommittee. Go to the full House Appropriations Committee and then the full General Assembly.
- What to do with the \$76 million that governor has proposed for the mental health and opiate crisis. So the grant, which is \$1 million, which affords some staffing, is up for renewal in June.
  - *Robert Geis* – The plan would be for each mayor to sign a single letter and then for each locality, through their own state lobbyists, to push the individual legislators.
- Baron – That's to get the state to pay for additional positions? But there is a related cost to localities for supplements or for their medical?
- LLB – The vacancies that are not filled, a request can be made to use that and move it over to pay for medical expenses.
- Deborah Hand – The comp board does not fully fund the positions, but they do cover the majority.
- Baron – It would fall on the localities to support the additional manpower.
- Baron – How many positions?
- Myers – We don't know. It was forecasted at 81. But many of those were emergency positions.
- Geis – Looking at it with a more critical lens, not just what the study says, but what we can reasonably expect to hire and maintain. So the 81, is not expected to be achieved.
- LLB – Right now, we're paying more for the OT than we would if we were to fill all of our vacancies and get some extra.
- Brian DeProfio – We've had several meetings with staff (FC) and we have been trying to work through these issues, as well as the increased cost of medical care. That's one of the reasons that we (FC) feel as there is more work to be done. There won't be a budget presented today so we can better figure out how we can meet the needs of the regional jail.
- O'Sullivan – Have you considered at civilianizing some of the support jobs, like lobby, mail, records, etc.
- Myers – Yes I have. Lobby, Mail, Commissary.

**SOP Subcommittee Update Col. Bowden (Document handed out)**



- Go over the inmate transfer policies and guidelines. Highlighted in red (on the document provided) is what the SOP committee is recommending as changes.
- The highlighted portion in the transfer guidelines reflects the 14 days being reduced to 7 days, with the exception of special needs.
- Other criteria that was suggested was that, completed prior to intake would be the inmate's first initial appearance. The inmate must have a completed medical history and physical completed, which includes, the initial mental health assessment and the PPD implanting. (Test for TB).
- The SOP committee did meet twice, November 20<sup>th</sup> and December 13<sup>th</sup> as it relates to intake policy guidelines. The main point was the inmate transfer requests and the communication between the member jurisdictions and the regional jail.
- CW Snead – Was there jail representation present at the SOP Committee?
- Col. Bowden – Yes, there were 5.
- CW Snead – You all came to a consensus that this would work?
- Mr. Myers – We also defined what special needs were. Each jurisdiction had their own determination of what special needs were, but we outlined that and made sure everyone understood what special needs were.
- O'Toole – Just to reaffirm, we are not counting HIV as a special need?
- Col. Bowden – Yes, determined in the second meeting.
- Myers – If they are having issues, it might be considered a special need. But if it is just them taking medication, then it is not a special need.
- Col. Bowden – The special needs is based on the member jurisdiction, not the regional jail. It was based on what the medical departments determined as a special need.
- April Green – What we ask the other jurisdiction is whether there is something that cannot be managed at that site. In the previous agreement there was no outlay of what a special medical need was, and there is not one in the current agreement. It really relies on communication between both medical staff and the medical provider here.
- Baron – Don't understand the need for us to do the physical for the inmate. 1) I oppose any kind of restriction on the number of days that it takes for us to bring somebody to HRRJ. They're beds that we pay for, and we pay for 250 for the City of Norfolk. I understand waiting for arraignment, as far as transportation purposes are concerned. Clarification on why the member jurisdiction needs to do the physical. The PPD is understandable. Since the PPD takes maybe 3 days, if I wanted to send somebody on the 4<sup>th</sup> day, as a sheriff, who is paying for the bed, we should be able to bring them.
- If everyone else opposes, I'll go with the majority.
- Col. Bowden – There needed to be guidelines. Helps the medical to have more information prior to a person being transferred. Better transfer from one jurisdiction to the next. I don't think there was an in –depth physical being asked for, but some of the major questions being answered. If the language needs to be changed to make it a little clearer, that can be done. You can load any day.
- April Green – We discussed the necessity of the H & P as a 14 day requirement per the NCCHC standard. The physical has to be completed within 14 days. This facility was not designed as an intake facility. With that, all those things at the jurisdiction, needs to be completed before they come to HRRJ. We have been doing physicals in the past, but now since the days have been reduced to 7, which will increase the amount of physicals which can only be done by an RN. Which might mean having to hire another RN just to do physicals.
  - Currently the RN in intake does physicals because they are not being done at the previous facility. If we open the doors where everyone will come in needing a physical, we are not going to be able to comply with the NCCHC standard. And

at the SOP meeting, all the members understood that and were very onboard that the H & P would be completed, the PPD would be completed, and the initial mental health assessment will be completed. Because we are not an intake facility, so providing that information for us to get started on treatment, will allow for a more rapid process.

- Baron – If we're doing a physical at Norfolk, and we send an inmate over to your care, you're going to count on our physical?
- April Green – Absolutely.
- Baron – You're not going to know, except for what we tell you. If something happens...
  - *Sheriff Baron references the Jamichael Mitchell case, but Ms. Green relays that the particular case was with a different medical provider.*
- April Green – The starting point is at the originating facility. And the standard indicates that if they have an initial physical within 14 days, another one is not needed until annually. There is no reason to have a duplication of services to do one at your intake and then one at our intake within 7 days or 12 days or even 41 days.
- LLB – This is a difficult conversation to have without referencing the National Commission on Correctional Health standards that are pretty defined when it comes to intake screenings for both physicals and mental health. Can't have this conversation without referencing those standards. We're going to have to take another deep dive at changing the whole model of the facility. There are correctional healthcare standards that apply; intake screen, mental health intake assessment, and then there's another full assessment that should happen within 14 days, which we could actually squeeze that down – we talked about doing that with the SOP. That doesn't relieve your facility of your duties to still do initial mental health assessment. We're going to be duplicating a lot, and we're going to need nurses and we won't be able to hire them or vice versa. We can't both be intake facilities without spending a lot more money.
- Robert Geis - What is the most cost – effective and efficient way? We're all paying for it. We're either paying for it as part of the regional jail or paying for it at our own facility. So the question is, since we're all paying the bill, what is the cost effective and efficient way of doing this? Because whatever that is, we better all be on board with it, because it's going to save us all money. We do have to maintain the standard and make sure that we're adhering to the letter of law.
- Col. Bowden – I don't think we're going to have to change the intent of the facility. Looking at the policy guidelines, changing the wording/language. Within the facilities, we all know that when they come into the facilities, we're going to have to do an initial assessment. It's not a full physical, but you do an initial assessment.
- LLB – We also looked at 7 days being a reasonable period of time because you've got your arraignment the next day, and typically you're going to have a bond hearing set within the first week. Unless we factor in the increased cost of our transportation runs, that week. Because that will put another impact on our transportation section. We felt that the 7 days got us through that initial period of a lot of possible court things. That's how the group came to that agreement.
- Col. Bowden – Also, with the arraignment, if the arraignment systems are compatible, we can do the arraignments here (HRRJ). So we need to take a look at that too.
- LLB – Norfolk General District Court, they have stopped doing VTCs, because the jail is closer now to the courthouse. But we spoke with the chief judge, and all the judges are on board to explore doing arraignments at HRRJ. I think Chesapeake has a good relationship, and Capt. Stafford. Col. Bennet indicated they would support us in that effort. I don't know if Hampton's courts have that or that ability.
- *Sheriff O'Sullivan: They do. Video conferencing is possible.*

- April Green – The intent of the regional jail was not to be an intake facility and it is to receive the inmates that are medically stable and psychiatrically stable. And ensuring that they have an HNP will ensure that they are medically stable upon transfer. Within 7 days that's a big period of withdrawal, and detox. An RN salary is anywhere from 58 – 65K a year to recruit them.
- CW Snead – Karen, what do you need from us today, if anything?
- Col. Bowden – The committee is asking that you take a look at the draft, and if there is anything that needs to be changed, that will be completed for the next meeting. They should contact you.
- O' Sullivan – Is this something we can vote on today?
- CW Snead – If everyone is comfortable.
- O'Sullivan motioned, Roberts 2<sup>nd</sup>. Motion carried.

#### **Treasurer's Report, Deanna Isom**

- Recommend the board adopt a motion to appropriate funds from the capital repair replacement reserve fund for the replacement of the commercial mixer. The approved budget for this item was 25, 500, and the actual cost came in at 21, 087.
  - Geis motioned, Archer 2<sup>nd</sup>. Motion carried.
- Treasurer's Report projecting personnel services going up to account for OT also vacancy savings. Employee benefits going down. Inmate medical expenses going up. Expected to be 3.9 million over budget by end of year.
  - Geis motioned, Archer 2<sup>nd</sup>.

#### **Finance Committee Report, Brian DeProfio**

- FC has met 3 times with jail staff regarding budget, we've been working through various financial pressures currently being experienced by the jail, including inmate medical services, capital, and staffing – how best these within the fiscal constraints of the localities.
- Very productive meeting this morning, and will come back after the holidays to meet and then present a budget to the board.

#### **New People Introductions –**

- Mike Goldsmith, Deputy City Mgr. for Public Safety for Norfolk
- Alice Kelly, Chief Financial Officer for Portsmouth

#### **New Business, Juvenile Housing**

- Mr. Myers – We are going to continue to take juveniles, but want to make sure everyone understands that, technically, none of our jails are equipped to hold them. Even if they have been waived up as an adult. To me, we are setting ourselves up, putting a 15 y.o. in a cell with adults, men. Even If your facility is PREA certified, technically you're not PREA certified, because you cannot send a juvenile (youthful offender) to us because, we (HRRJ) are not PREA certified. Part of your certification, is ensuring the place you send juveniles to, is also PREA certified. We will continue to keep them. We can keep them if they are certified.
- O'Sullivan – Technically the circuit court is sending them, so it doesn't affect our PREA.
- Myers – The state standard says that certified youthful offenders can be housed, however, the federal statute conflicts.
- LLB – In all the consent decrees from the Justice Department, they always say that you are housing youthful offenders in violation of PREA. That's something we've seen in all the consent decrees from DoJ. They'll be asking for us to find a way to not take them

anymore, and we don't have the answer to that. Jails had 11 – 12 years to figure out what to do and we are past that time. We're not built for that. We need to be in a position to tell DoJ that we are aware of it, and we are educating the board and taking some steps to solve the problem.

- Baron – It seems to me that when we come to these meetings, we have sheriffs, council members, and reps from City management, the PREA issue as it relates to juveniles is a regional issue, because we don't have any other location to send juveniles that's in compliance of federal law. Would it behoove us to create a committee to study it and see what the best route for us to take as a region to deal with the issue?
- O'Sullivan – 2 ways juvenile can come to HRRJ. One is if they are adjudicated, the other is if they are declared by the transfer facility as a threat to the staff. My feeling is that the localities should be able to handle those juveniles. They should have staff on hand, and they should have the facility that they can take care of. Maybe look back at where they come from, and have separate housing within that. Instead of putting them with adults where it creates all kinds of problems.
- LLB – There was one case in Chesapeake, we went to court, where we did that and they ended up sending the juvenile back to the detention home. In Portsmouth last week the judge said that he was too much of a threat. In those cases, we are violating the federal statute because we can't keep them separate sight and sound.
- Roberts – How many are we talking about?
- LLB – Anywhere from 7 -15. Actually, Chesapeake's numbers have decreased in the last several months.
- Roberts - Is there no other place in the facility that can be considered to be change for juveniles?
- Myers – No sir. Yes, we have checked. Intake is not an option because of too much traffic. The only other option would be to close an entire housing unit.
- O'Sullivan – Do you plan on getting certified?
- Myers – Yes.
- O'Sullivan – Once you are PREA certified, then they can't go anywhere. We've got to figure out something.
- Baron – We've got to come up with a plan. PREA Committee? Unique situation. To figure out what we can do regionally. Pushing it back to the detention centers and see what they can do.
- CW SNEAD – SOP Committee.
- Geis – Each locality needs to look at their facility – what needs to be done to be compliant. Regional dialogue, make sure the juvenile services people are a part of that dialogue. What does it cost to be PREA compliant?
- O'Sullivan – Another unfunded federal mandate.
- CW SNEAD – Best approach to take to come to a conclusion?
- O'Sullivan – SOP committee with the addition of the representative of the city manager's office, whoever oversees the juvenile's facility. They need to be part of this discussion.
  - Roberts 2<sup>nd</sup>. Motion carried.

3:07 Adjournment.